MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET			SERIAL NO. 10750905	FILING DATE 1-I-09
			APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1	1						51							
2	1						52							
3	1						53							
4		3/2					54							
5		2					55							
6		1					56							
7		3/2					57							
8		3/2					58							
9		2					59							
10		3/2					60							
11		3/3					61							
12							62							
13							63							
14							64							
15							65							
16							66							
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18							68							
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37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3						TOTAL IND.							
TOTAL DEP.	20						TOTAL DEP.							
TOTAL CLAIMS	23						TOTAL CLAIMS							